## Missouri Agricultural And Small Business Development Authority NEW GENERATION COOPERATIVE INCENTIVE TAX CREDIT REQUEST FOR TRANSFER

## MISSOURI FORM R

Chapter 348.432 RSMo

**IMPORTANT:** A separate Form R must be submitted for each tax credit transfer.

PLEASE TYPE OR PRINT				
SECTION 1:				
Information on the	current tax credit certificate holder.			
Date:				
Name of Holder:				
Address:				
ridicss.	STREET/P.O. BOX			
	CITY	STATE	ZIP CODE	
Contact person:	NAME AND TITLE	_ Telephone:	:	
Faderal Identification N	Number OR Social Security Number:			
	•			
Approved Tax Credit N	Number:			
Amount of approved Ta	ax Credit to be transferred: \$			
Date of transfer:	MONTH/DAY/YEAR			
	MUN1 H/DA Y/ YEAR			
Under penalties of perjury, we declare that we have examined this form, and to the best of our knowledge and belief, it is true, correct and complete. We do hereby affix our signatures on this day of				
	Seller:			
Subscribed and affirmed l	before me this day of			
	NOTARY		My commission expires:	-

SECTION 2:	Information on the transfer and assignee(s).		
Name of Purchaser:			
Address of Purchaser:	STREET/P.O. BOX		
Phone Number:	CITY STATE ZIP CODE		
• •	rporation $\ddot{Y}$ Partnership $\ddot{Y}$ Individual $\ddot{Y}$ S-Corporation $\ddot{Y}$ Trust $\ddot{Y}$ Limited Liability Company ner (please describe)		
F.E.I.N. or S.S. N.:	Missouri Tax I.D.:		
Total Amount of Credit to	be Transferred: \$		
Amou	unt of Credit Purchased Sale Price		
<u>\$</u>	<u>\$</u>		
Note: Total must be equal	to the "Total Amount of Credit to be Transferred" from above. Use a separate sheet if necessary.		
identify the names, social	<u>Crust, Partnership, Limited Liability Company or S-Corporation, attach a separate sheet to this form and security numbers, and proportionate share of ownership of each beneficiary, partner, or shareholder.</u> The nares or percent of total ownership may not exceed 100%.		
	edits (the assignee), may use the acquired credits to offset up to 100% of the tax liabilities otherwise imposed excluding withholding tax imposed by sections 143.191 to 143.265, RSMo), Chapter 147, RSMo, or Chapter		
	we declare that we have examined this form, and to the best of our knowledge and belief, it is true, correct by affix our signatures on this day of,		
	Purchaser:		
Subscribed and affirmed before me this day of , ,			
NC	My commission expires: TARY		
RETURN COMPLETED FORM TO:	Missouri Agricultural and Small Business Development Authority P.O. Box 630 Jefferson City, Missouri 65102-0630 (573) 751-2129		